

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91602 001 *****8.75
05-28-2002 91602 002 ***150.00

DOCUMENT # P00000006781 ✓
1. Entity Name
Intensive Care Personalized Tours INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1917 Simonton Ave</u>		3. Mailing Address <u>1917 Simonton Ave</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Orlando FL</u>		City & State <u>Orlando FL</u>	
Zip <u>32806</u>	Country <u>USA</u>	Zip <u>32806</u>	Country <u>USA</u>

4. FEI Number
59-3621192

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name John Tremblay

Street Address (P.O. Box Number is Not Acceptable)
1917 Simonton Ave

City Orlando FL Zip Code 32806

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE John Tremblay owner DATE 5-6-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100% OWNER</u> <u>John Tremblay</u> <u>1917 Simonton Ave</u> <u>Orlando FL 32806</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: John Tremblay DATE 5-6-02 4078576165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)